



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence  <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other  _____ _____ _____
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# Work Order ID 117211

April-24-14 10:10:15 AM

**\*117211\***

Page 2

Item ID: 646.3010 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: LH Half  
Start Date: 4/23/14 Start Qty: 5.00 **\*5\*** Cust Item ID:  
Required Date: 4/23/14 Req'd Qty: 5.00 **\*5\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 <b>*120*</b> QC Quality Control	QC2- Inspect parts off machine FAI/FAIB  Memo	0.00  0.00	<i>on 14/05/16</i>			<u>5</u>	<u>0</u>		
130 <b>*130*</b> QC Quality Control	QC8- Inspect parts - second check  Memo	0.00  0.00							DAS 37 9-89 <i>14.05.17</i>
131 <b>*131*</b> HandFinish Hand Finishing	<del>HandFinish Hand Finishing</del>  Memo CLEAN AND REMOVE ALL PART MARKING	<del>0.00 0.00</del>	<i>N/A</i>				<i>02 14/05/20</i>		

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

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Work Order ID 117211

April 24-14 10:10:15 AM

\*117211\*

Page 3

Item ID: 646.3010

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: LH Half

Start Date: 4/23/14

Start Qty: 5.00

\*5\*

Cust Item ID:

Required Date: 4/23/14

Req'd Qty: 5.00

\*5\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

140

Outsource process-Anodize per QSI017 4.1.10.1

0.00

\*140\*

Outsource4

Memo

0.00

Issue P/O to ATG :

24263

1- Black Anodize as per Dwg 646.3000

2- PRIME AS PER DWG, SEE NOTE #2

Certification of Conformity is required

CZ 14/05/20 3

150

Receive &amp; Inspect for Damage &amp; Mat'l Certs

0.00

\*150\*

Packaging

Memo

0.00

Packaging

P440/23 (5)

155

QC5- Inspect part completeness to step on W/O

0.00

\*155\*

QC

Memo

0.00

Quality Control

DAS

27

9-89

14/5/23

S

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence  <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 117211

April 24-14 10:10:15 AM

\*117211\*

Page 4

Item ID: 646.3010 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: LH Half  
 Start Date: 4/23/14 Start Qty: 5.00 \*5\* Cust Item ID:  
 Required Date: 4/23/14 Req'd Qty: 5.00 \*5\* Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
180	Identify as per dwg & Stock Location: <u>CA</u>	0.00							
*180*	Memo	0.00							
Packaging	***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV***								
Packaging									
190	QC21- Final Inspection - Work Order Release	0.00							
*190*	Memo	0.00							
QC									
Quality Control									

5 340-4/10/26

MLJ 14-05-27

14-5-26

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

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Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
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Operator									
Offset/Setup									
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Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		
<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		



# Picklist Print

April-24-14 10:10:18 AM

Page 1

Work Order ID: 117211

**\*117211\***

Parent Item: 646.3010

**\*646.3010\***

Parent Item Name: LH Half

Start Date: 4/23/14

Required Date: 4/23/14

Start Qty: 5.00

Required Qty: 5.00

Comments: IPP REV:A NEW ISSUE 13/01/14 JFS VERIFY BY: JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6B6.000X0.250		Purchased		No		100	f	26.8000	0.809	5			

**\*M7075T6B6 000X0 250\***

**\*\***

7075-T6 BAR 6.000" X 0.250"

Location

Loc Qty

Loc Code

MAT001

26.8

123611

2

M127736

12

→ M128502

12.8

4.3

OK 14/05/15

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

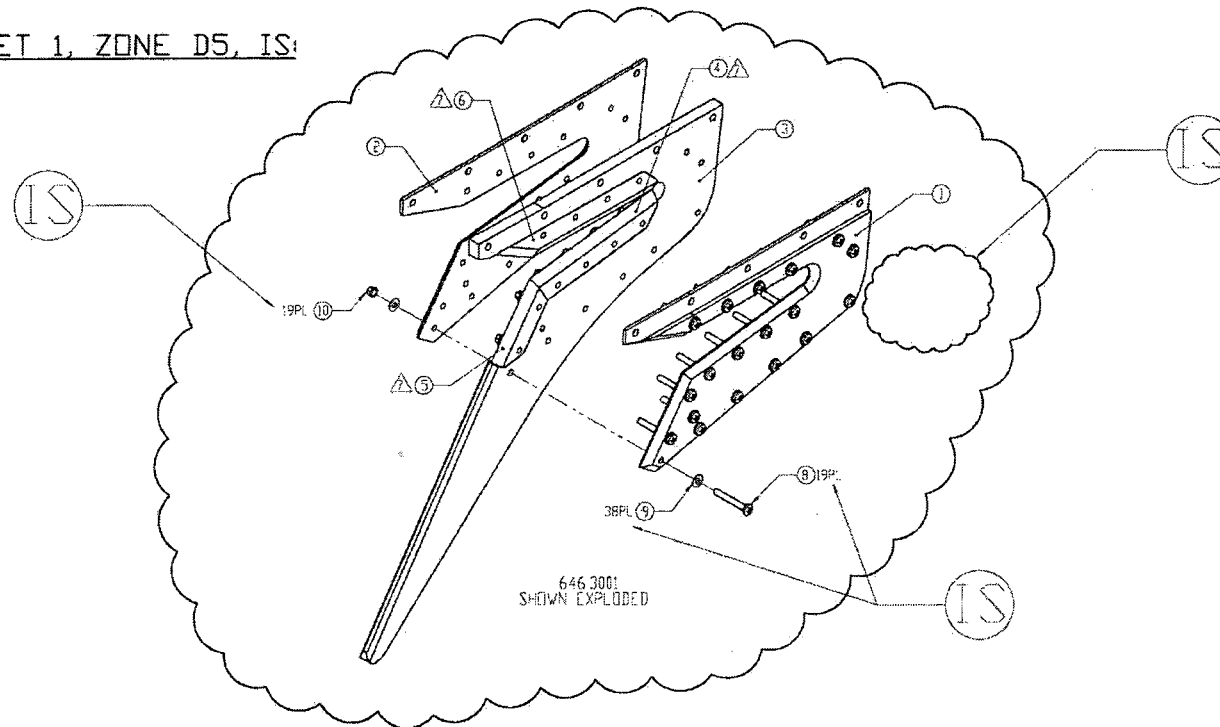
Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
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Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											

FAULT CATEGORY							
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube		<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function		<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence		<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	



APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO.		02195		SHEET 1 OF 4	
	DWG NO.	646.3000	REV: N/C	PREPARED BY	S. HUFF	DATE: 01/05/09
	DWG TITLE:		LOWER CUTTER ASSY			
	APPROVED BY:	ENGR <i>[Signature]</i>	MFG <i>[Signature]</i>	QC <i>[Signature]</i>	EFF:	NEXT ORDER
TRANSACTION CODES (TC): A-ADD R-REVISE C-CREATE D-DELETE		REASON: REMOVED RIVETS IN FAVOR OF ADDITIONAL SCREWS				
EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.						

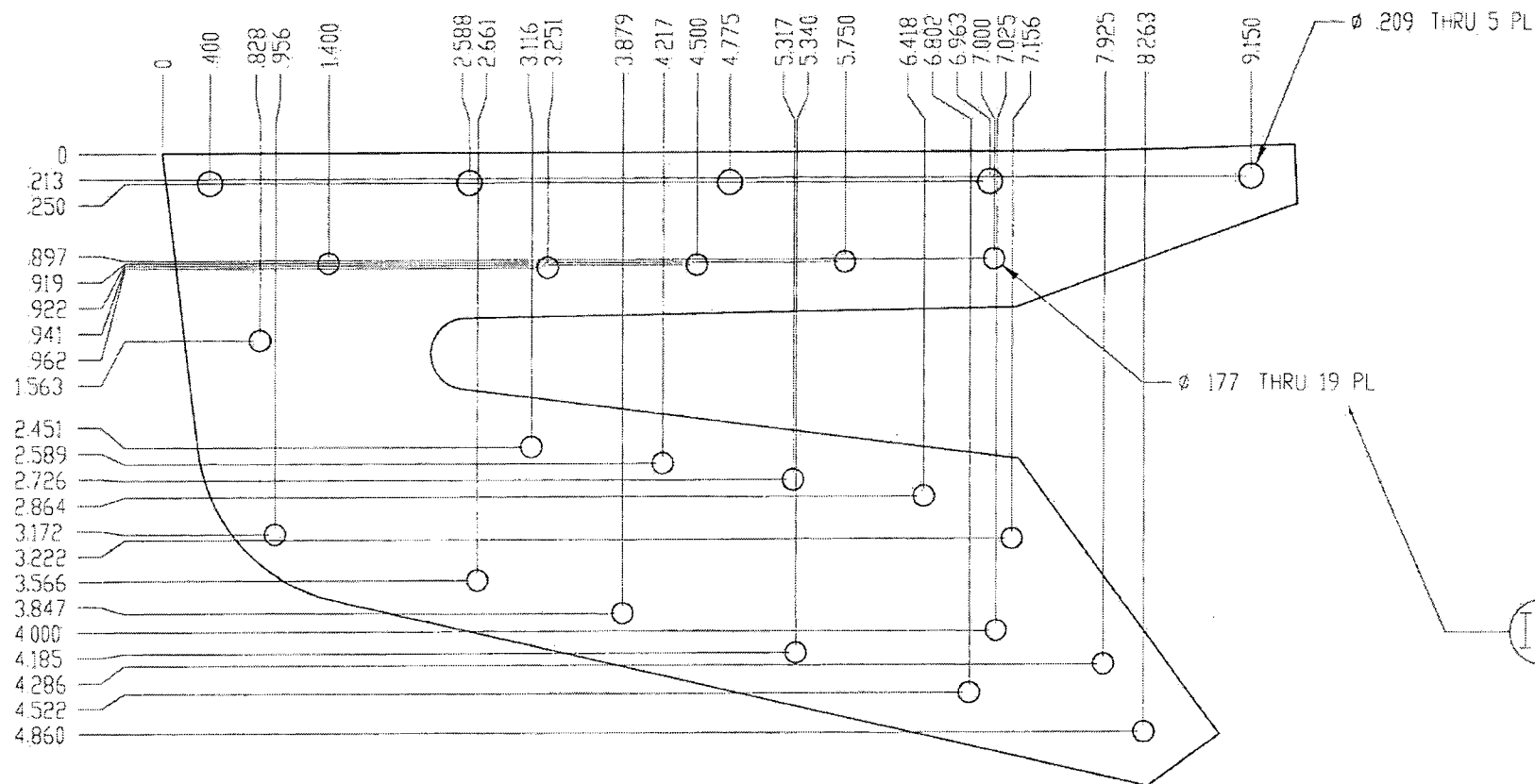
SHEET 1, ZONE D5, IS:



117211 MLS  
14-04-29

10	R	601.1541	19	LOCKNUT	MS21042L08
9	R	601.2764	38	WASHER	NAS1149FN832P
8	R	601.2765	19	SCREW	MS27039-0819
7	D	601.2766	2	RIVET	MS20470AD5-18
			.3001		
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
DOCUMENTS EFFECTED:				<input type="checkbox"/> MDL <input checked="" type="checkbox"/> INSTALL INSTRUC <input checked="" type="checkbox"/> ICA <input type="checkbox"/> FMS <input checked="" type="checkbox"/> BOM	CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR
				DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

SHEET 3 IS:

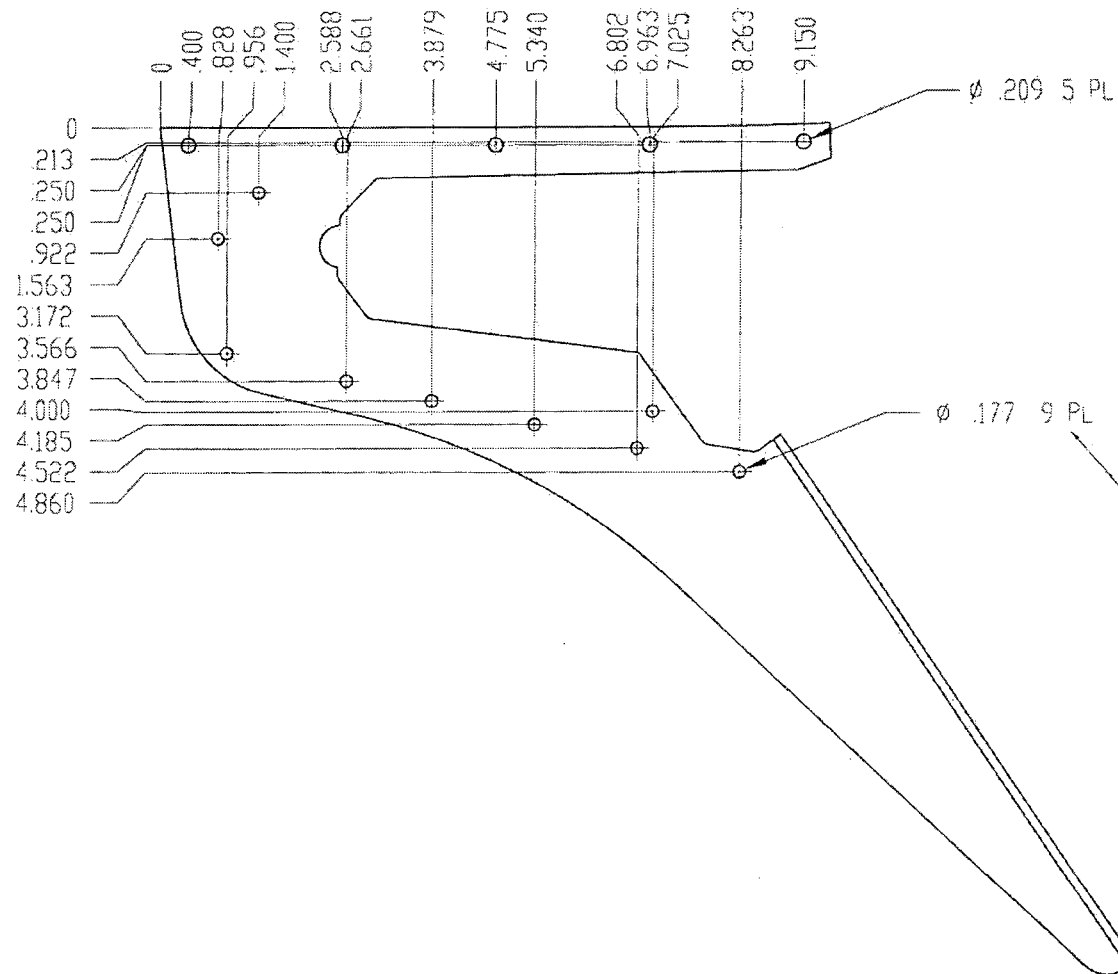


SECTION A-A



F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION

SHEET 5 IS:

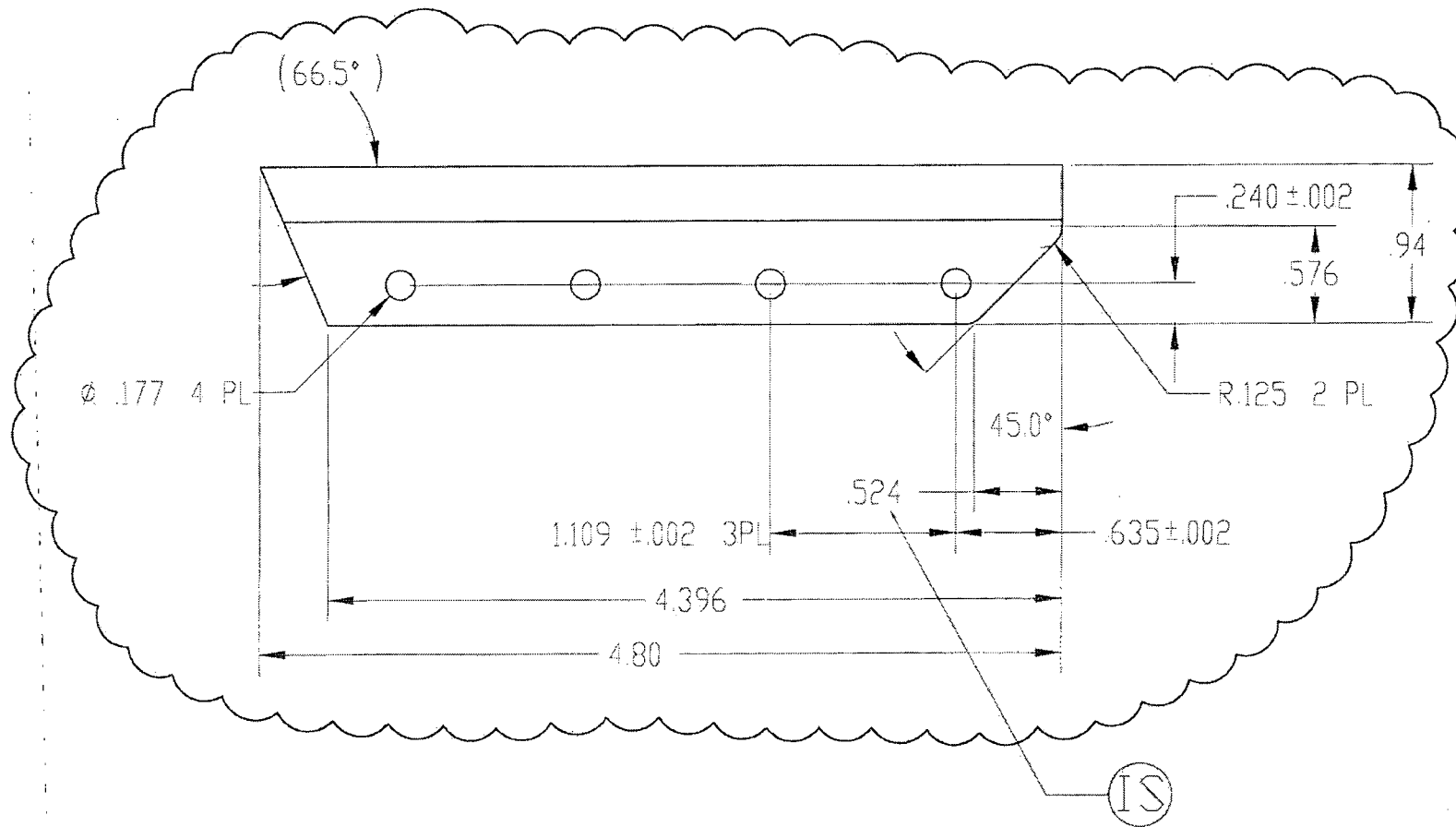


SECTION F-F



F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION

SHEET 6, ZONE C4, IS:

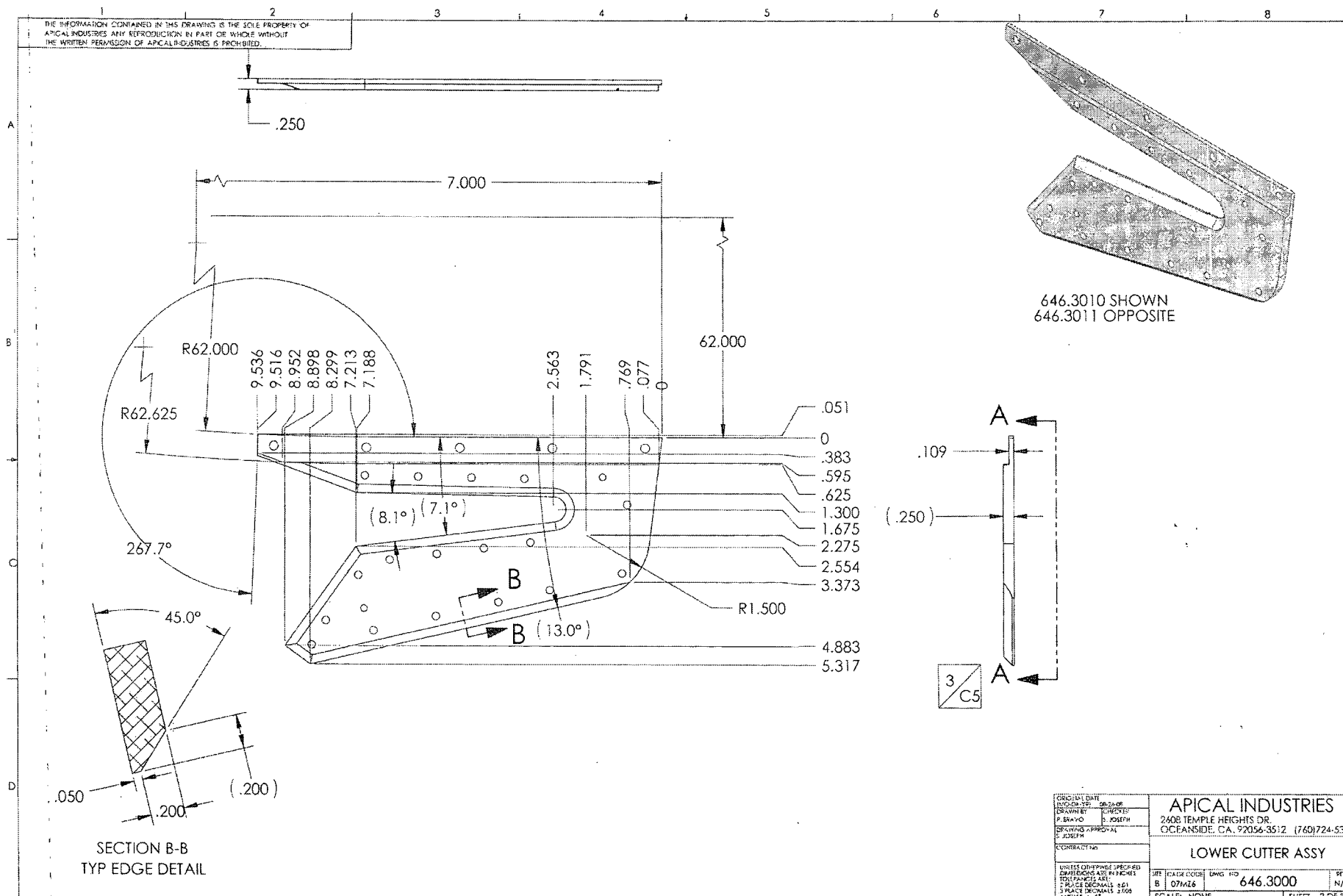


F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
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SPE B	CAGE CODE 07M16	QWG NO. 646.3000	REV N/C
SCALE NONE		SHEET 1 OF 8	

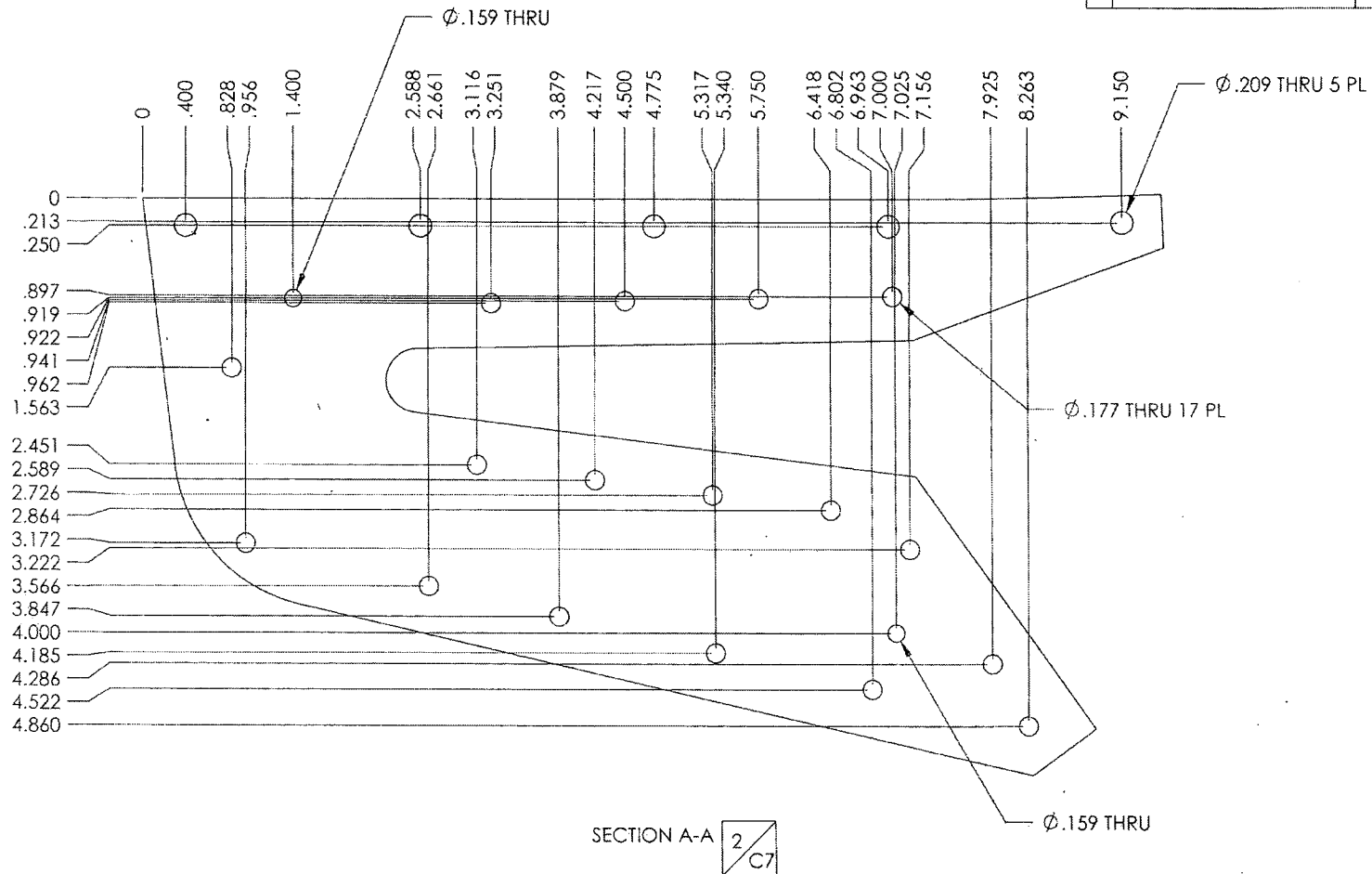


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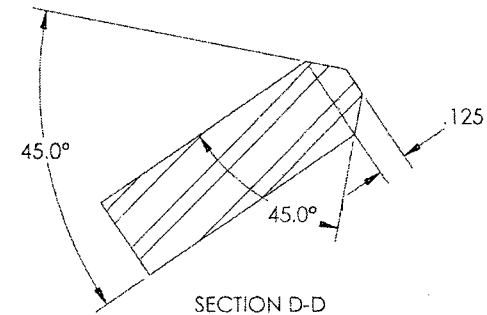
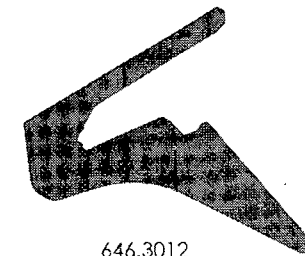
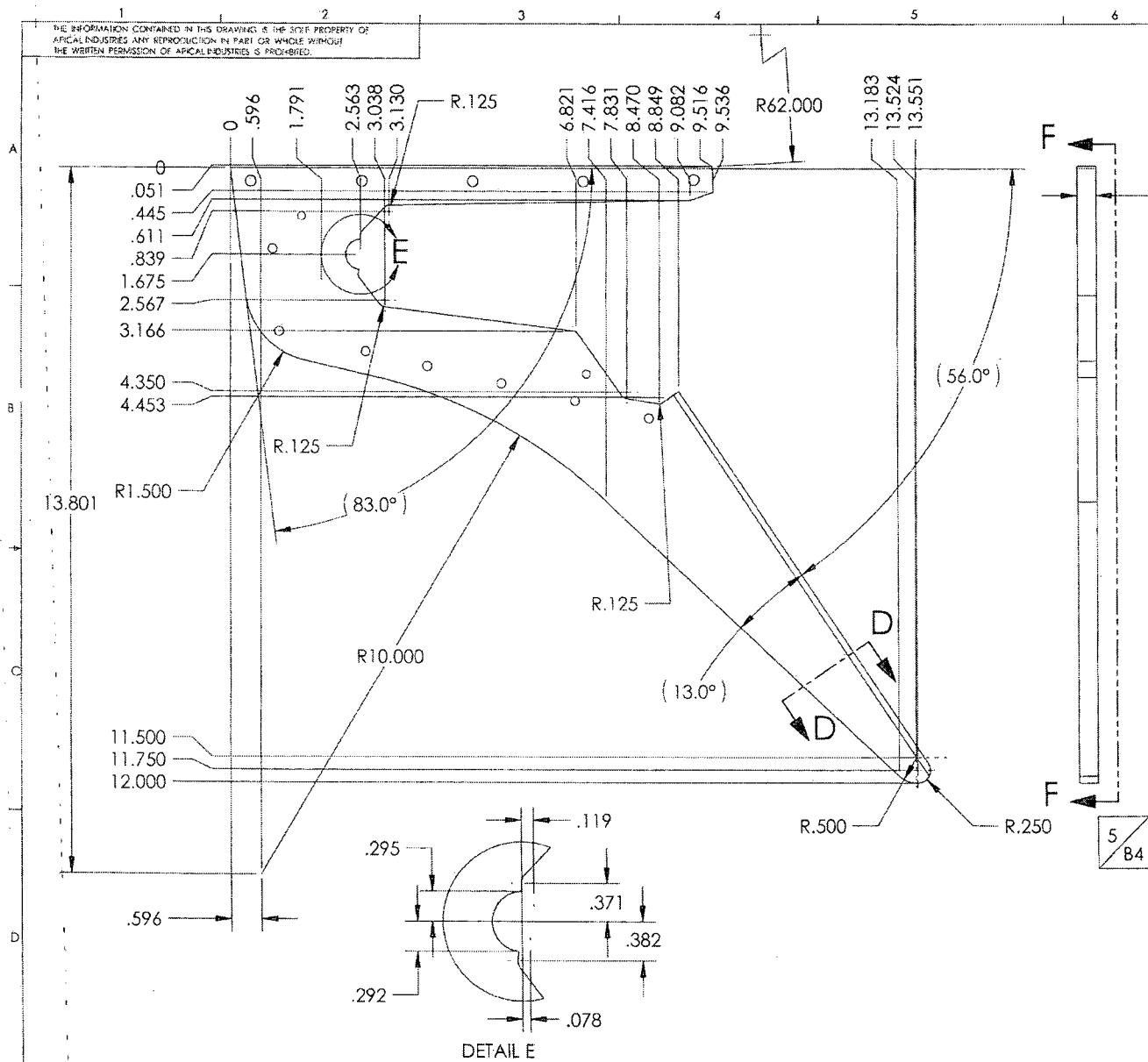
REVISIONS			
REV.	DESCRIPTION	DATE	APPROVED



GENERAL DATA		APICAL INDUSTRIES	
INVOICE NO.	08-7348	2608 TEMPLE HEIGHTS DR.	
QUANTITY	CHECKED	OCEANSIDE, CA. 92056-3512 (760)724-5300	
P. BRAND	N. KOSUM	LOWER CUTTER ASSY	
DRAWING APPROVAL	E. JOSEPH	SCALE NONE	
DATE	08-25-80	SHEET 3 OF 8	
CONTRACT NO.			
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 1 PLACE DECIMALS $\pm .01$ 2 PLACE DECIMALS $\pm .005$ ANGLES $\pm .5^\circ$		DWG. NO.	REV.
		07M26	N/C
		646.3000	

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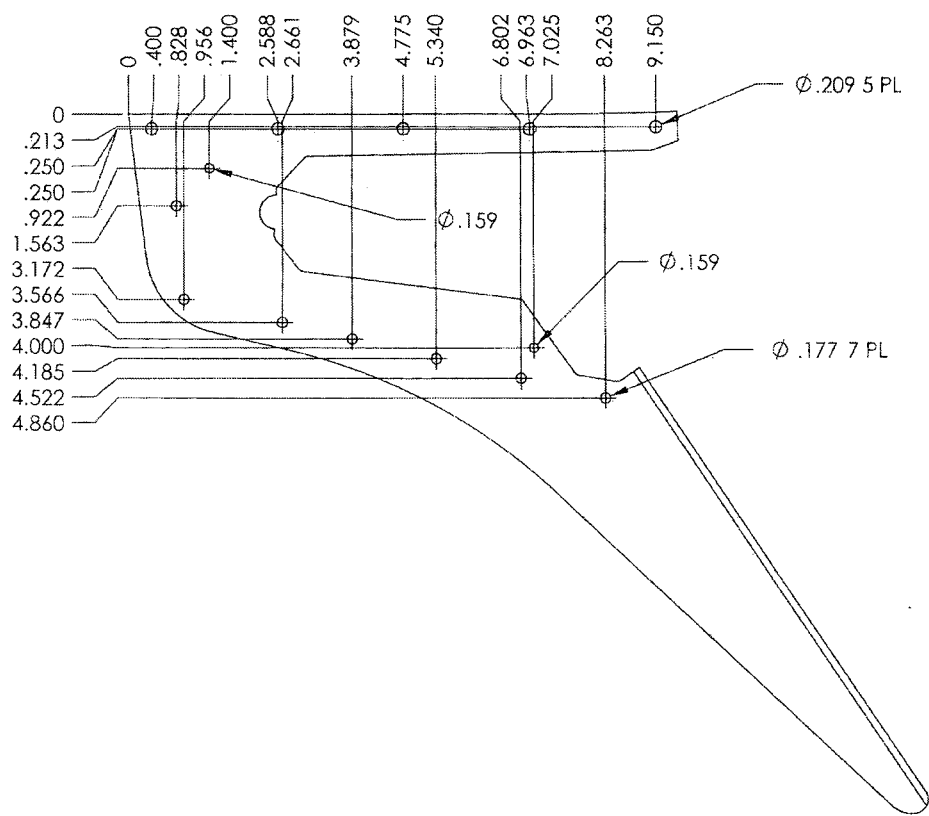
REVISIONS			
REV.	DESCRIPTION	DATE	APPROVED



ORIGINAL DATE 08-26-06 REVISED DATE 08-26-06 DRAWN BY CHUCKER P. BEAVO S. JOSEPH DRAWING APPROVAL S. JOSEPH DATE 08-26-06 CONTRACT NO.	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300		
LOWER CUTTER ASSY			
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 2 PLACE DECIMALS ±.01 3 PLACE DECIMALS ±.005 ANGLES ±.5°	SHEET 8	CAGE CODE 074426	DWG. NO. 646.3000
	SCALE NONE		REV N/C
	SHEET 4		OF 8

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REVISIONS			
REV.	DESCRIPTION	DATE	APPROVED

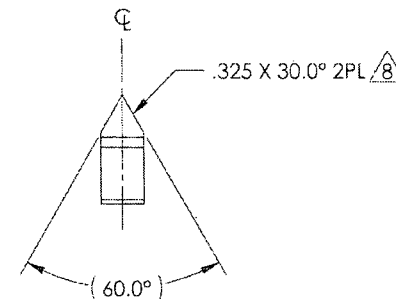
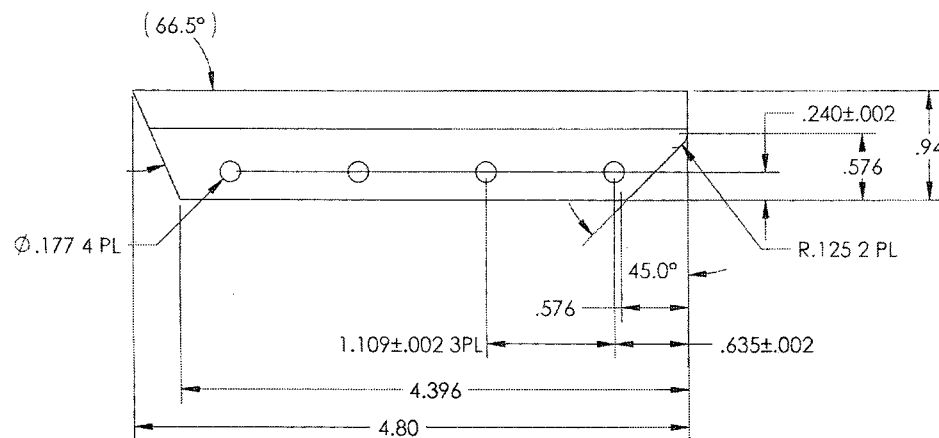
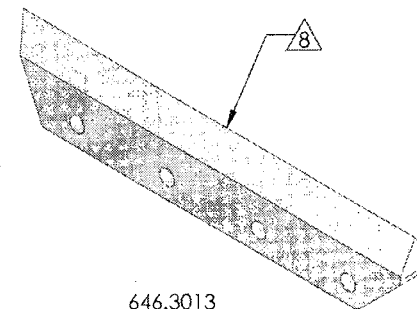


SECTION F-F 4  
B6

ORIGINAL DATE (MM/YY/YY) 08/26/08		APICAL INDUSTRIES	
DRAWN BY P. SPANO	CHECKED J. KOSZM	2609 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
DRAWING APPROVAL 08/26/08		LOWER CUTTER ASSY	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 2 PLACE DECIMALS ±.01 3 PLACE DECIMALS ±.005 ANGLES ±.5°		SHEET 5 OF 8	REV. N/C
SCALE NONE		646.3000	

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REVISIONS			
REV	DESCRIPTION	DATE	APPROVED



ORIGINAL DATE: 08-24-88  
 DRAWN BY: CHICHER  
 P. SPANO: J. JOSEPH  
 DRAWING APPROVAL:  
 DESIGNED:  
 CONTRACT NO.:

1/16153 COUNTERSINKED  
 DIMENSIONS ARE IN INCHES  
 TOLERANCES ARE:  
 3 PLACE DECIMALS ±.01  
 2 PLACE DECIMALS ±.005  
 ANGLES ±.5°

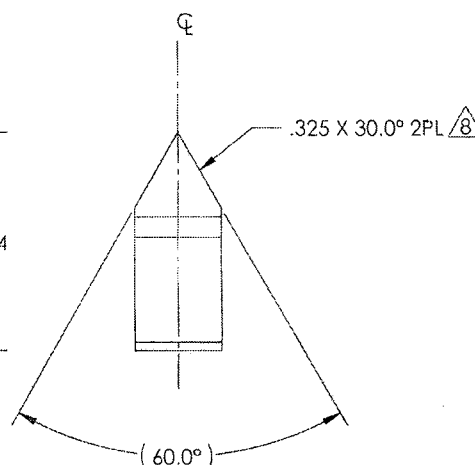
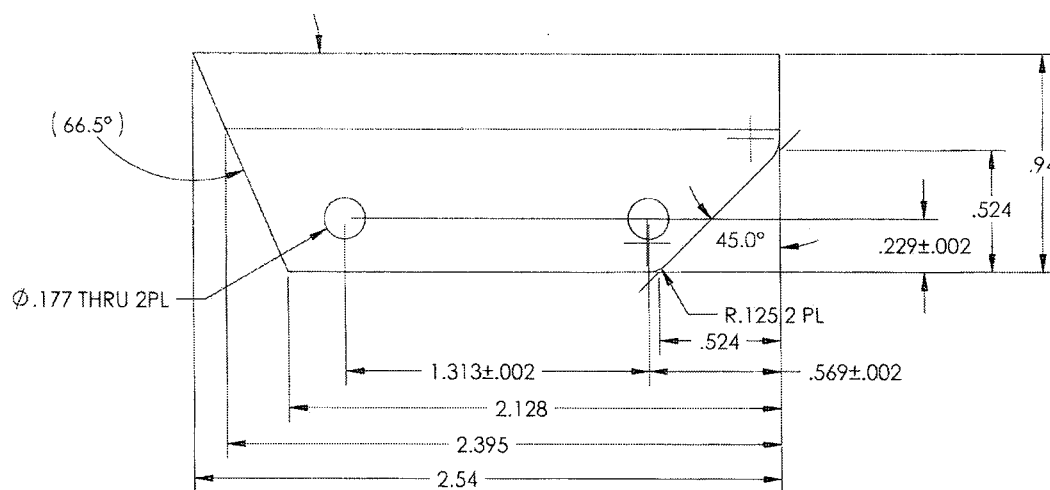
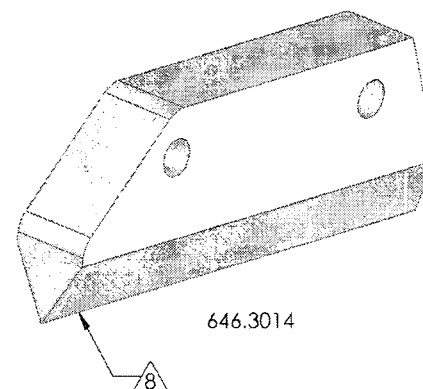
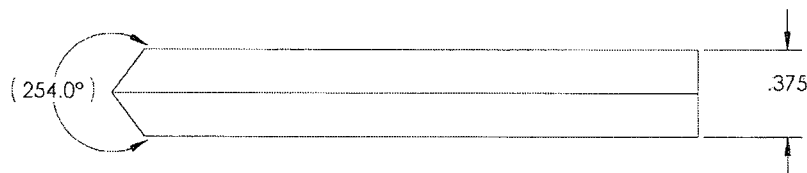
APICAL INDUSTRIES  
 2508 TEMPLE HEIGHTS DR.  
 OCEANSIDE, CA. 92056-3512 (760)724-5300

LOWER CUTTER ASSY

SEE CKGL CODE: B 07M26 DIV. NO. 646.3000 REV. N/C  
 SCALE: NONE SHEET 6 OF 8

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REVISION			
REV	DESCRIPTION	DATE	APPROVED



ORIGINAL DATE: 05-23-08  
 DRAWN BY: J. HICKER  
 IN CHARGE: J. JOSEPH  
 DRAWING APPROVAL:  
 SPECIFICATION:  
 CONTRACT NO:

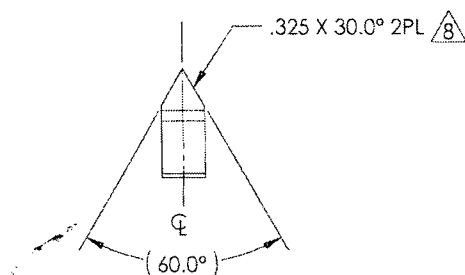
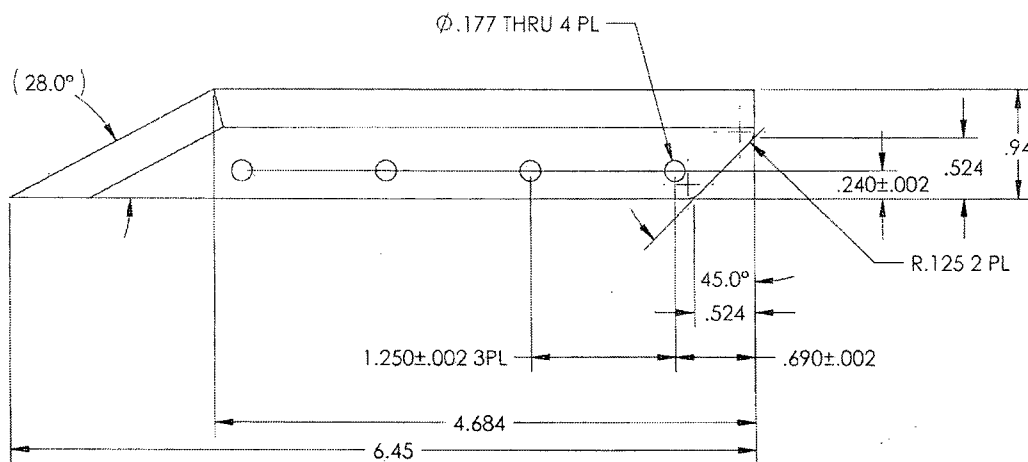
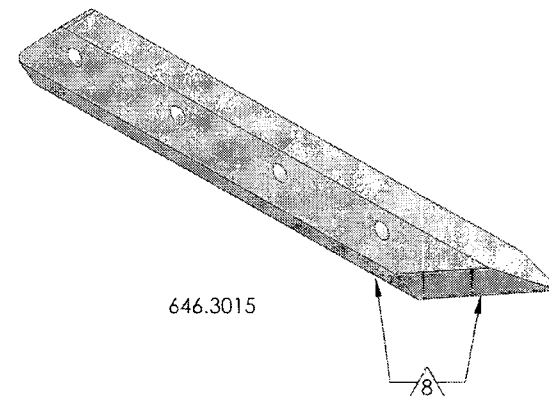
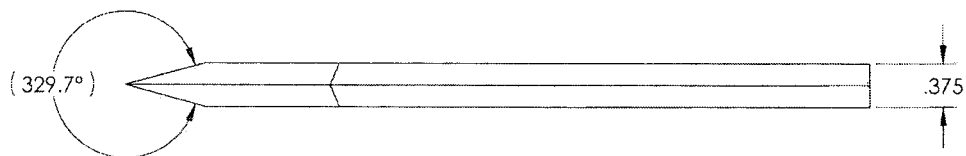
**APICAL INDUSTRIES**  
 2608 TEMPLE HEIGHTS DR.  
 OCEANSIDE, CA. 92056-3512 (760)724-5300

**LOWER CUTTER ASSY**

SIZE	CHAGE CODE	DATE: 07/12/08	REV
B	071M26	646.3000	N/C
SCALE: NONE		SHEET 7 OF 8	

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REVISIONS			
REV.	DESCRIPTION	DATE	APPROVED



ORIGINAL DATE DWG. DATE: 08-78-08 DRAWN BY: J. JOHNSON CHECKED BY: J. JOHNSON GRAYING APPROVAL: L. JOHNSON CONTRACT NO.:		<b>APICAL INDUSTRIES</b> 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
DIMENSIONS UNLESS SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: FINISHES OR COATINGS: P-01 FINISHES: A, B, C		SHEET NO. 646.3000 SCALE: NONE	REV. N/C SHEET 8 OF 8



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 63057

Date: 23-May-14

#### To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

#### Ship To


DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description	Rev:	
1 lot	Part: ASST 2 PCS D4970-3 (24.00) 1 PC D4970-1 (15.00)  HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2  2 PCS D4977-1 (8.55) 2 PCS D4977-2 (8.55) 1 PC D4974-1 (10.8) 2 PCS D4973-1 (12.05) 8 PCS D4980-1 (6.25) 10 PCS 646.3210 (14.35) 5 PCS 646.3010 (10.25) 2 PCS D4970-5 (6.75)  HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2  PRIME MIL-P-23377J TYPE I CLASS N  PRICE IS PER PIECE Job: 20140313	PO: 24263 Line:	
Certificate of Conformance			
A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.			
ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY			
DATE: 23/5/14			
CERTIFIED SIGNATURE: 			
RECEIVER SIGNATURE: _____			